Substantiation Notification to Law Enforcement *Please Print*

To:	Police Dept.	Sheriff Dept.	County Atty	District Atty.	Attorney General
Police or S	Sheriff Dept.:		County or Distr	ict Atty.:	
From:		SRS Service	ce Center:		Date:
exploitation information	on of the involved ac n is being provided r is requested. If yo	d Rehabilitation Services (dult named below. The fir to the Attorney General's our agency has not been ir	nding from the invest office, and you may b	stigation was a substance contacted in regard to	ntiation. This o it. Your review of
Date repor	t received by SRS:				
_	Types(s): All Substantiation:	ouse Neglect _	Exploitation _	Fiduciary Abuse _	Sexual Abuse
INVOLVE	D ADULT INFORM	ATION:			
Name (Las	st, First):		DOB/Age:		M F
Address:		Apt. #:	City/County:		Zip
Phone:					
ALLEGE	PERPETRATOR	INFORMATION:			
Name (Las	st, First):		DOB/Age:		M F
Address:		Apt. #:	City/County:		Zip
Relationsh	nip to Involved Adult	:			
Report sul	bmitted by:		Phone:	Fax:	